#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



Page 1 of 17

New F	riends PAC		SOCIO DE SECRETARIO DE LA CONTRACTORIO DE LA CONTRA
2. TREASURER NAME			
Eirst Christopher	MI	Fryxe)	Suffix
3. TREASURER ADDRESS			To Code
Street Address 1 Sagamore Fe	race E	Westbrook	State
4. ELECTION/REFERENDUM DATI		if Candidate Committee)	6. DISTRICT NUMBER (if applicable)
(mm/dd/yyyy)	g dende de la company y grande de la company	gyr a a farithmydd <del>a chef t</del> Nyrda chefae eilyn dad eilyddig ym derodd blyn dei trefein feri y glaet few gydd y c	() ()
7. CANDIDATE NAME (Complete only	if Candidate or Exploratory Committee)	(III SUCAL ENGLISHED TO THE	施 集 集 计 前 计连续计
First	MI	Last	Suffix
8. TYPE OF REPORT (Check One Box)			
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement (PACs ONLY)
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendment to
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:
October 10 filing	☐ 12th day preceding election	☐ Termination	
1	(State Central Committees Only)		
☐ Independent Expenditure ☐ Primary ☐ Election	☐ 45 days following election not held in November		
9. PERIOD COVERED			
	Decimina Data	Ending Date	
	Beginning Date		
	1/1/14_	thru <u> </u>	
10. CERTIFICATION			
I hereby certify and state, unde	r penalties of false statement, that	all of the information set forth on the d complete.	nis Itemized Campaign Finance
Disclosure Statement for the	period expered is true, accurate an	d complete.	
	d/1	$\cap$ . $-$	1/
1 / Lul	1/' /	Lustopher Fryx	(4)   10/8/2014
TREASURER OF DEPUTY TREASU	URER (SIGNATURE) PRIM	NT NAME OF SIGNER	DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMEN	NT IS PUNISHABLE BY FINE NOT TO EX	KCEED \$1,000, OR IMPRISONMENT FOR N	NOT MORE THAN ONE YEAR, OR BOTH.

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

#### **SUMMARY PAGE TOTALS**

New Firends PAC	TYPE OF REPORT 10/10/1	4
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January-1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		\$7,011.08
12. Balance on hand at the beginning of Reporting Period	\$ 13,537,66	
13. Contributions Received from Individuals (Sections A and B)	\$ 3,100	\$7,200
14. Receipts from Other Committees (Sections C1 and C2)	Ź	6,400
15. Other Monetary Receipts (Sections D through K)	Ø	Í S.
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	8	8
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)  Municipal and Town Committees ONLY	, Q	\$3,050
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$3,100	\$ 16,650
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$ 16,637,66	\$ 23,661.08
19. Expenses Paid by Committee (Section P)	\$4,252.66	\$11,276.08
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$12,385	\$12,385
21. In-Kind Donations not Considered Contributions Received (Section L4)	" 3	A
22. In-Kind Contributions Received (Section M)	B	Ř
23. Refundable Deposit to Telephone Company (Section N)	8	$\mathscr{D}$
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	0	8
25. Beginning Loan Balance	8	
25a. + Loans Received (Section D)	9	S
25b. + Interest and Penalties on Loan	$\varphi$	B
25c Payments on Loan	0	Ď
25d. Total Outstanding Loan Amount	9	
26. Campaign Expenses Paid by Candidate (Section Q)	4	Ø
27. Expenses Incurred on Committee Credit Card (Section R)	0	B
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<i>A</i>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	Ø	Assertion (1985)

NAME OF COMMITTEE	-		TYPE OF REPORT	
New	Firends t	AC	10/1	0/14
A. Total Contributions from Small ( (See instructions for definition of Small Contrib		ved this Period ONLY SUBTOTAL SECTION A	\$	82
	B. Itemized Co	ontributions from Indivi	duals	
Rand - Anasta Si	edes	First	re	MI
Residential Street Address 15 We stimont	Road	City Wolersfie	ld s	tate Zip Code CT OG/O9
Principal Occupation Labby 18.7		Name of Employer  Nome	Associate	25
or dependent child of a lobbyist?	tribution is in excess of \$400 contributor or business he/she at more than \$5,000?	to a candidate for a chief executive is associated with have a contract  Yes No	e officer of a municipality, with said municipality	Amount of Contribution
<del></del>		a state contractor or prospective sta anch or branches	te contractor? Yes No	d
Method of Contribution:  ☐ Cash Personal Check ☐ Credit/Debit Card ☐		Date Received	Aggregate Contributions	\$100
Last Name Thomas C		First Fol	ey	MI
Residential Street Address L Kha Kun	Wood Rd	Green WIC	J. s	tate Zip Code 9683)
Principal Occupation Business Exe	cutive	Name of Employer	C Group	•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If condependent child of a lobbyist?	tribution is in excess of \$400	to a candidate for a chief executive is associated with have a contract  Yes No	e officer of a municipality,	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? No  If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contra	a state contractor or prospective sta anch or branches	te contractor?	j
Method of Contribution:  ☐ Cash Personal Check ☐ Credit/Debit Card ☐		Date Received	Aggregate Contributions	\$ 1,000
Last Name McMahon		First	la	E
Residential Street Address 14 Hulingham	Drive	Greenwith	S	27   Zip Code
Principal Occupation  Fxecution	R.	Name of Employer	Self-Emplo	Yed
Is contributor a lobbyist, spouse,  Yes If con or dependent child of a lobbyist? No does does do	tribution is in excess of \$400 contributor or business he/she d at more than \$5,000?	to a candidate for a chief executive is associated with have a contract   Yes   No	e officer of a municipality	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Is contributor a principal of <i>If yes</i> , indicate which broof government the contra		tte contractor?	
Method of Contribution:  ☐ Cash Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction ☐ Mone	by Order Pate Received	Aggregate Contributions	\$ 2,000
		SUBTOTAL Section B -	This Page	3,100
		TOTAL of additional Sect	ion B Pages	<sup>′</sup> ×
TOTAL OF	ALL CONTRIBUTION	IS FROM INDIVIDUALS (Se (Enter total on Line 13 of Summa	ections A + B)	3,100

NAME OF COMMITTEE				~ <del>(200</del>	TYPE OF R	EPORT	
	Cı. Cı	ontribution	ıs from Ot	her Comm	ittees		
Name of Committee				Name of Treasu	5.75 S.77 S.77		
Address			Is this contrib fundraising e	vent listed in Se	d with a Yes Cection L1?	] No	Amount of Contribution
City	State	Zip Code	Date Receiv	ved	Aggregate Contribution	ons	
Name of Committee		1	l	Name of Treasu	rer		
Address			Is this contrib fundraising e	oution associated vent listed in Se <i>If yes</i> , lis		] No	Amount of Contribution
City	State	Zip Code	Date Receiv	ved	Aggregate Contribution	ons	
Name of Committee				Name of Treasu	rer		
Address				oution associated vent listed in Se If yes, lis	d with a Yes ction L1?	] No	Amount of Contribution
City	State	Zip Code	Date Receiv		Aggregate Contribution	ns	·
Name of Committee		1		Name of Treasu	rer		
Address			Is this contrib fundraising e	vent listed in Se	1 with a ☐ Yes ☐ ction L1?		Amount of Contribution
City	State	Zip Code	Date Recel	red	Aggregate Contribution	ns	
C2. Reimbursem	ents, Pay	ments, or S	Surplus Di	stributions Name of T	4000 TO 1944 PROFILE BOOK BOOK BOOK TO THE SECOND	mmittees	olik jähde et jären 1900 Kunna ja kunna ja ja
Address				$\bot \setminus$	Date Received		Amount of Receipt
City	Stat	te Zip Co	nde I	FI Painshama	ment for shared expe		Amount of Receipt
City		Zip et	, ac	☐ Payment fo	or goods and services	nse	
Name of Committee				Name of T	reasurer	•	
Address				•	Date Received		Amount of Receipt
City	Sta	te Zip Co	ode	☐ Reimburse ☐ Payment fo ☐ Surplus Di	ement for shared export or goods and services estribution	nse	
	Į.		SUBTOTA	L Section C	— This Page		
	9.0	1	OTAL of a	dditional Se	ction C Pages		
TOTAL					ND RECEIPTS mary Page Totals)		

Rev. 1/12		KECE.	$\mathbf{u}$	Sectio	113 73—-12)		
NAME OF COMMITTEE					TYPE OF	REPORT	
	D. Loans I	Received	this Per	riod		esa (1971) de la	
Name of Lender			urce of Loan:		ate □ Individu	al ∏ Other	Date of Receipt
<u> </u>		'	_ Duint _	_ canarac	io 🖂 marriau	Committee	
Street Address	City	•			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	. 1		<del></del>				Amount Received
Street Address	City				State	Zip Code	
Name of Lender			urce of Loan:		ate 🗌 Individua	al Other Committee	Date of Receipt
Street Address	City	I			State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)							☐ Yes ☐ No  Amount Received
\ \ \							
Street Address	City				State	Zip Code	
Name of Lender		Iso	urce of Loan:				Date of Receipt
\					ate 🗌 Individua	al Other Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?  ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)		•					Amount Received
Street Address	City				State	Zip Code	
				тота	L SECTION	I D	
The state of the s							
E. Receipts from Entities other tha	n Individi	uals or C	ther Co	mmitt	ees (Referenc	lum Committees	ONLY)
Name of Entity							
Street Address					Date Received		Amount Received
City		State	Zip Code	$\overline{}$	Aggregate Contri	butions	
					<b>\</b>		
Name of Entity			•			· · · · · · · · · · · · · · · · · · ·	
	. <u>.</u>				Data P		
Street Address					Date Received		Amount Received
City		State	Zip Code		Aggregate Contri	autions	
Name of Entity						<del>\</del>	
						<u> </u>	
Street Address					Date Received		Amount Received
City	;	State	Zip Code		Aggregate Contri	butions	
		=1		ТОТ	AL SECTIO	DN E	<u>.                                    </u>
	C 15 30 C C C C C C C C C C C C C C C C C C			0111003426		1801111111	

NAME OF COMMITTEE			in the second	TYPE OF REPORT	de de la companya de
F. Am	ount Transferred from	Affiliated Business	Freasury (Busines	s Entity Committee	s ONLY)
Date of Receipt	Is this transaction associated with fundraising event listed in Section		st Event #		Amount
Date of Receipt	Is this transaction associated with fundraising event listed in Section		st Event #		Amount
Date of Receipt	s this transaction associated with fundraising event listed in Section		st Event #		Amount
Date of Receipt	Is this transaction associated with fundraising event listed in Section	th a Yes If yes, list on L1? No	st Event #		Amount
	the state of the s	' Program	TOTAL SE	CTION F	
G. Amount Transf	erred from Affiliated L	abor Union or Other	Organization T	reasury (Organiz	cation Committees ONLY)
Date of Receipt	Date of	Receipt		Date of Receipt	
Amount		Amount			Amount
		7.00	TOTAL SE	CTION G	
18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	Personal Funds of the C	andidate Received t	his Period (Cand	idate Committees O	NLY)
Date of Receipt	Method of payment:				Amount
Date of Receipt	☐ Cash  Method of payment:	☐ Personal Check	☐ Credit/Debit	t Card	A
Date of Receipt	☐ Cash	☐ Personal Check	☐ Credit/Debit	t Card	Amount
Date of Receipt	Method of payment:		<del>\</del>		Amount
	☐ Cash	☐ Personal Check	☐ Cledit/Debi	t Card	
Date of Receipt	Method of payment:				Amount
PNIVA	☐ Cash	☐ Personal Check	☐ Credit/Debi	t Card	
			TOTAL SE	CKION H	
	ight for Acts (5-10	I. Anonymous Contr	ributions		
amount	Public Act 11-48, Ano . If a committee receinediately remit the conf	ves an anonymous c	contribution, the Elections Enfo	campaign trea	surer shall

NAME OF COMMETTEE		TYPE O	REPORT	
J. Interest fi	om Deposits in Authorized Accoun	nts		TILL ME III
Name of Institution		Date Rece	ived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Rece	ived	Amount
Street Address	City	State	Zip Code	
	TOTAL	SECTIO	NJ	
K. Miscellaneous Mo	netary Receipts not Considered Co	MINES IN CHEST AND THE SERVE		
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description	\	_		
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
	TOTAL	<b>SECTI</b> Ò	NK .	
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D th	rough K)	
Total Loans Received this Period (Section D)			$\overline{}$	
Total Receipts from Entities other than Individuals or Ot			+	
Total Amount Transferred from Affiliated Business Trea  Total Amount Transferred from Affiliated Labor Union of			+ +	
Total Amount of Personal Funds of the Candidate Receiv			+	
Total Amount of Interest from Deposits in Authorized Ac			+	
Total Miscellaneous Monetary Receipts not Considered C			+	
Total of Other Monetary Receipts (Add Section	s D through K) (Enter total on Line 15 of Sun	nmary Page	Totals)	

#### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE	TYPE OF REPORT
T + Div Javena	Event Information
Fundraising Event # Description	Event information
Date of Fundraiser Letter	
Location: Street Address	City State Zip Code
Subpart 1: (All Committees)	
Was this fundraising event hosted at a personal residence?	☐ Yes ( <i>If yes</i> , go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)
	□ No
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
	□ No
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No  \$
Subpart 2: (Town Committees and Municipal Candidate Committees ONI	
Were there purchases of advertising space in a program book or on a	$\square$ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book
sign associated with this fundraiser?	or on a Sign and complete required information.)  □ No
Subpart 3: (Town Committees ONLY)	
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.)
gathering neid within the state with this fundraiser:	□ No
Fundraising Event # Date of Fundraiser Letter  Description	
Location: Street Address	City State Zip Code
Subpart 1: (All Committees)	
Was this fundraising event hosted at a personal residence?	<ul> <li>Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)</li> <li>No</li> </ul>
Did this fundraiser include items donated by a business entity of up to	☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions
\$100 or items donated by an individual of up to \$100?	and complete required information.)
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, ente Total Receipts here.)
with purchases from an individual of up to \$100?	□ <sub>No</sub> \
Subpart 2: (Town Committees and Municipal Candidate Committees ON) Were there purchases of advertising space in a program book or on a	LY)  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book
sign associated with this fundraiser?	or on a Sign and complete required information.)
Subpart 3: (Town Committees ONLY)	
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.)
gamering field within the state with this fundament.	□ No
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts	from Sale of Donated Items — This Page
SUBTOTAL Section Li-Subpart 3 (Town Committees ONLY) Total Re	eccipts from Food Purchases — This Page
	TOTAL of additional Section L1 Pages
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES @	nter total on Line 16a of Summary Page Totals)

#### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

	Per Public Act 11-48, edual purchases from a c						!
NAME OF COMMITTE	B 1716 III			TYPE	OF REPORT		
	hases of Advertising	in a Program Boo	k or on a Sign	(Municipal Candidat	Charles of the state of the sta		LY)
Name of Purchaser						rchase Made By: Business Entity	☐ Individual
						Sole Proprietorsh	_
Street Address	_\		City	<u></u>		State	Zip Code
Street Address							
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program	Ad Purchase	Amount of Si	gn Purchase
Name of Purchaser				<u> </u>	Pur	chase Made By:	
						Business Entity	☐ Individual
						Sole Proprietorsh	ip
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Program	Ad Purchase	Amount of Sig	gn Purchase
Name of Purchaser		<del>\</del>			Pur	rchase Made By:	
TValle of Turchaser					1	Business Entity	☐ Individual
						Sole Proprietorsh	iip
Street Address			City			State	Zip Code
				-			
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program	Ad Purchase	Amount of Sig	gn Purchase
Name of Purchaser			$\overline{}$		Pui	chase Made By:	
						Business Entity	☐ Individual
						Sole Proprietorsh	ip
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program	Ad Purchase	Amount of Si	gn Purchase
Name of Purchaser						chase Made By:	
						Business Entity	☐ Individual
			т=.			Sole Proprietorsh	
Street Address			City	·		State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program	Ad Purchase	Amount of Si	gn Purchase
	SUBT	OTAL Section L3 ( <i>Mu</i> Total Purchase		e and Town Committee in Program Book — []			
		SU	BTOTAL Section	n L3 ( <i>Town Committee</i> vertising on a Sign —	es ONLY)		
3.7	TAL WALL		16	of additional Section			
7	TOTAL OF ALL PURCH			GRAM BOOK or ON te 16c of Summary Pay			

#### II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE			+ · · · · · · · · · · · · · · · · · · ·		TYPE OF REPORT	,		
	L4. In-H	Kind Donations N	ot Conside	red Contribu	ıtions	W - 151	(A) (A)	
Name of Donor		THE COLORS						
`	\							
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	Market Val	ue of Donation
☐ Business Entity ☐ Individual				T				
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event			
Name of Donor			-	<u> </u>				
Street Address		\	City				State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair N	Aarket Val	ue of Donation
☐ Individual	D. D	Event#		Aggregate Value fo	- this Front			
☐ Sole Proprietorship	Date Received	Event#		Aggregate value to	tius Event			
Name of Donor	<u> </u>	<del>                                     </del>					_	·
		`						
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Val	ue of Donation
☐ Business Entity ☐ Individual				W1 6	41.6			
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event			
Name of Donor		<u> </u>		<del>                                     </del>				
Street Address			City		<u> </u>		State	Zip Code
Donation Given By:	Description of Donation					Fair N	Market Val	ue of Donation
☐ Business Entity ☐ Individual						:		
☐ Sole Proprietorship	Date Received	Event #		Aggregate value fo	r this Event			
16								
10 10 10 10 10 10 10 10 10 10 10 10 10 1		1	UBTOTAL S	ection L4— Th	is Page			
	Taket #	T	TAL of addi	tional Section I	4 Pages			
	TOTAL OF ALL IN-KINE	DONATIONS NOT	CONSIDERI	ED CONTRIBU f Summary Pag	TIONS			
		Armet 1010	- OR 13the 24 0.	, Samunary 1 ug	2 Octobry			

#### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT		
THE RESERVE OF THE PERSON OF T	P. 1	M. In-Kind Con	tributions			
Name						
Street Address			City		State	Zip Code
Type of contributor: □Committee □ Individual / Sole Proprie orship □Other	Date Received	Aggregate Contributions	Description of In-Kind	d Contribution		<u></u>
Is contributor a lobbyist, spouse,	If contribution is i does contributor o valued at more tha	n excess of \$400 to a candi or business he/she is associa an \$5,000?	date for a chief executive ted with have a contract  Yes No	e officer of a municipality, with said municipality	Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L.?  If yes, list Event #	☐ No   If yes,	utor a principal of a state co, indicate which branch or bernment the contract is with	oranches	state contractor? Yes No Legislative		
Name	\					
Street Address			City		State	Zip Code
Type of contributor: □Committee □Individual / Sole Proprietorship □Other	Date Received	Aggregate Contributions	Description of In-Kind	d Contribution		<u></u>
Is contributor a lobbyist, spouse,	If contribution is i does contributor o valued at more the	n excess of \$400 to a candi r business he/she is associa in \$5,000?	date for a chief executive ted with have a contract  Yes No	e officer of a municipality, with said municipality		Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	☐ Yes Is contribution ☐ No If yes.	utor a principal of a state co indicate which branch or be ernment the contract is with	oranches	state contractor? Yes No Legislative		
Name						
Street Address			City		State	Zip Code
Type of contributor: □Committee □ Individual / Sole Proprietorship □Other	Date Received	Aggregate Contribution	Description of In-Kind	d Contribution		. <del>.</del>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is i does contributor o valued at more tha	n excess of \$400 to a candi r business he/she is associa	date for a chief executive ted with have a contract  Yes No	e officer of a municipality, with said municipality	ı	Market Value Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	☐ Yes Is contrib☐ No If yes,	utor a principal of a state co indicate which branch or be ernment the contract is with	ontractor or prospective s	state contractor?		
			BTOTAL Section M	— This Page		
	dien 1 h	то	TAL of additional Section 1	ection M Pages		
TOTAL OF ALL I	N-KIND CONT	RIBUTIONS (Enter to	tal on Line 22 of Summ	av Page Totals)		
	N. Refun	dable Deposit to T	elephone Compa	ny \	Date Deposi	t Made
Last Name of Individual		7				
Residential Street Address		City		State Aip Code		Amount of Deposit
Name of Telephone Company						
Street Address		City		State Zip Code		
	TOTAL	SECTION N (Enter to	tal on Line 23 of Summ	ary Page Totals)		

#### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
O. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an	Organi d Party	zation Exper Committees	ıditı — (	ires Made By OPTIONAL See Public Ac	u 11-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	HOURS OF PROPERTY.	Name of Treasure			aba (Circ) and A for the
Street Address		<u> </u>		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation				ose of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	r		
Street Address		<u> </u>		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation	1		1	ose of Expenditure (see instructions)  A B C D D E	
Name of Committee (Legislative Leadership, Legislative Cauxus, and Party Committees ONI	LY)	Name of Treasure	Г		
Street Address		<u> </u>		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation		<u> </u>	1 1	ose of Expenditure (see instructions)  A B C D D E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	r		
Street Address	\	<u> </u>		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation		\	1	ose of Expenditure (see instructions)  A	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	r		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	$\overline{\ \ }$	Aggregate Donations	
Description of Donation		<b></b>	-	ose of Expenditure (see instructions)	
	SUB	TOTAL Sectio	n O -	— This Page	
	тота	L of additional	Secti	on O Pages	
TOTAL RECEIPTS OF ALL O	ORGANI Enter total	ZATION EX	PEN	DITURES Page Totals)	

NAME OF COMMITTEE  NEW FIREDS PAC  TYPE OF REPORT	10/14
P. Expenses Paid by Committee	i i ha haif
Name of Payee Christopher Fryxell 8/1/14	Method of Payment: Check # 1319 Debit Card
1 Sugamore Terrice Euro Westbrook	State Zip Code  CT 06498
Purpose of Expenditure (by code) RCW Various Reimbusements Event #	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required	303.44
Shipman and Godwin LLP 8/16	Method of Payment: 1320 Check # 1320 Debit Card
One Constitution Plaza City Hortford	State Zip Code  CT Zip Code
Purpose of Expenditure (by code) Misc Lega Fees to May and Twe Event #	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required	\$2,119
Name of Payee  Chilstopher Fryxel  Date of Payment  9/11/14	Method of Payment: 1323 Check # Debit Card
Street Address Sagamore Tessace Fast West brook	State Zip Code CT X498
Purpose of Expenditure (by code) RCW Rembusement for OVS and Post office	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required	\$ 37,80
Name of Payee Christopher Fryxe)  Date of Payment 9/19/14	Method of Payment:  Check # 1324  □ Debit Card
Street Address  1 Sayamore Terrace East Westbrook	State Zip Code  CT 06498
Purpose of Expenditure Description (by code) RCW Rembersement for Walkert + CVS Event#	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required	\$ 47.93
SUBTOTAL Section P — This Page	2,508,17
TOTAL of additional Section P Pages	1,744.49
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	4,252,66

NAME OF COMMITT	HE The state of th	Thursday 14, 1	TYPE OF REPORT	1/40		
	Q. Campaign Exp	enses Paid by Candida	nte	7		
Name of Payee (Name of Vendor who candidate paid directly)  Date of Payment					Is reimbursement claimed?	
<b>\</b>					Yes No	
Street Address		City		State	Zip Code	
			. 11		1	
Purpose of Expenditure (by code)	Description	Ev	ent #		Amount	
Name of Payee (Name of V	endor who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?	
					Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	Ev	ent #		Amount	
Name of Payee (Name of V	/endor who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?	
					Yes 🗌 No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	Ev	ent #		Amount	
Name of Payee (Name of V	Vendor who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?	
					Yes 🗌 No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	Ev	ent #		Amount	
Name of Payee (Name of V	 /endor who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?	
					Yes 🔲 No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	Ev	ent#		Amount	
Name of Payee (Name of )	 Vendor who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?	
					Yes 🗌 No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	Ev	ent#		Amount	
		SUBTOTAL Section Q		l	<del></del>	
		TOTAL of additional Sec	14.14. H. 1			
TOTAL O	FALL EXPENSES PAID BY CANDIDATE (	Enter total on Line 26 of Summ	ary Page Totals)			

NAME OF COMMER	TEE		TYPE OF REPOR	ŗ		
	R. Expenses Inc	urred on Committe	e Credit Card			
Name of Issuing Institution  Type of Credit Card:  Visa Master Card Discover America					Other:	
Name of Vendor	\			Date of Tr	ansaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu		dinated with reimbursement so	ught		
Name of Vendor				Date of Tr	ansaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu		dinated with reimbursement so	ught		
Name of Vendor				Date of Tr	Date of Transaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought \( \square\$ Independent of the coordinate of the coordi	ught				
Name of Vendor					ansaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum ☐ Coordinated without reimbursement sought ☐ Independent ☐ Independ	•	rdinated with reimbursement so	ught		
		SUBTOTAL Sect	ion R — This Page	\		
		TOTAL of addition	al Section R Pages		<del></del>	
	TOTAL OF ALL EXPENSES INCURRI	ED ON COMMITTE (Enter total on Line 27 o)				

NAME OF COMMIT	HE WEST		TYPE OF REPORT		11.4	
	S. Expenses Incurred by Comn	nittee but Not Paid I	During this Period	2 (i) (i)	1	
Name of Creditor				Date Incur	red	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	I	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)						
Name of Creditor				Date Incur	Date Incurred	
Street Address		City	···	State	Zip Code	
Purpose of Expenditure (by code)	Description	<u> </u>	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum :  ☐ Coordinated without reimbursement sought ☐ Independ		ated with reimbursement sought  O B O C O D O E	:		
Name of Creditor				Date Incur	Date Incurred	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  ☐ Coordinated without reimbursement sought ☐ Independ		ated with reimbursement sought	t		
Name of Creditor				Date Incurred		
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#		nount Incurred stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum  ☐ Coordinated without reimbursement sought ☐ Independ		ated with reimbursement sough			
		SUBTOTAL Sect	ion S-This Page			
		TOTAL of additional	Section S Pages			
TOTAL OF A	LL EXPENSES INCURRED BY COMMITTEE D	URING THIS PERIOD Enter total on Line 28 of Su				
	Previously reported	Expenses Unpaid and st	ill Outstanding			
	TOTAL OF ALL EXPENSES INCURI (E	RED BY COMMITTEE Inter total on Line 28a of Su				

NAME OF COMMITTEE TYPE OF REPORT	) /b/W
T. Itemization of Reimbursements to Committee Workers and Consultants	710/19
Last Name of Worker/Consultant  First Wistopher  MI Date of Payment 8/1//4	Method of Payment:  SQ Check # 13/9  □ Debit Card
Secondary Payee Post Office	
Street Address Weston Street City Hartford	State Zip Code CT O6106
Purpose of Expenditure (by code) POST Cost of mailing documents Event#	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum T Required	\$33,66
Last Name of Worker/Consultant  First Christopher  MI Date of Payment  8/1/14	Method of Payment:  ✓ Check #/3 9  □ Debit Card
Post Office	
Street Address Weston Street City Hottford	State Zip Code  CT 06/06
Purpose of Expenditure (by code) POST CoST of mailing documents Event #	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Add Indum T Required	\$ 8,54
Last Name of Worker/Consultant  First  Ch/Stapher  MI  Date of Payment  8/1/14	Method of Payment:  ☐ Check # 1319 ☐ Debit Card
Secondary Payee Stop and Shop	
105 Elm Street Old Saybrook	State Zip Code O6478
Purpose of Expenditure (by code) FOOD Food and beverage for start.	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum T Required	\$87,45
$\mathcal{H}$	12015
SUBTOTAL Section T — This Page #	129.65
TOTAL of additional Section T Pages	5 76,01
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS 4 5	1).66

# Section P. ADDITIONAL PAGE 6 of 2

NAME OF COMMITTEE TYPE OF REPORT 10/10/	/Y					
P. Expenses Paid by Committee						
Name of Payce  Christopher Fryxe)  Date of Payment  9/19/14	Method of Payment:    Check # /3 )     Debit Card					
1 Sayomère Terrace East City Westbrook	State Zip Code O6 498					
Purpose of Expenditure (by code)  2 CW Reimbursement for food and beverage Event#	Amount					
Expenditure # (if applicable)   Type of Expenditure (if applicable)   Itemization in Addendum P Required   Coordinated with reimbursement sought   Independent   Organization: O A O B O C O D	\$126.49					
Name of Payer Shipmon and Goodwin LLP 9/20/14	Method of Payment:  ☑ Check #_1326  ☐ Debit Card					
One Constitution Plaza City Hortford	State   Zip Code					
Purpose of Expenditure (by code) Misc Legal Fees for July Event#	Amount					
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required	\$118					
Name of Payee  Casey Larkins  Date of Payment  9/29/14	Method of Payment:  □ Check # 1327  □ Debit Card					
Street Address City	State Zip Code					
Purpose of Expenditure (by code) WAGE Volunteer Coordinator Wage  Event #	Amount					
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required	\$ 1,500					
Name of Payee  Date of Payment	Method of Payment:  ☐ Check # ☐ Debit Card					
Street Address City	State Zip Code					
Purpose of Expenditure (by code)  Description  Event #	Amount					
Expenditure #  (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum P Required						
SUBTOTAL Section P — This Page	744.49					
	7					

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# Section T. ADDITIONAL PAGE 19 of 2

NAME OF COMMITTEE TYPE OF REPORT	
New Filends PAC  T. Itemization of Reimbursements to Committee Workers and Consultants	10/14
Last Name of Worker/Consultan  First  WI Date of Payment  8/1//4	Method of Payment:  Check #_1319  □ Debit Card
Secondary Payce / CVS	
Street Address 150 Washington St. City Hottfold	State Zip Code CT 06/06
Purpose of Expenditure (by code) FOOD I CC for Volunteers Office Supplies	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum T Required	\$29,92
Last Name of Worker/Consultant  First  Ch/3tople  MI Date of Payment  S/1/14	Method of Payment:
Secondary Payce T Restawant	
297 Washington Sheet Hartford	State Zip Code  CT Zip Code
Purpose of Expenditure (by code) FOX) Fox Low Volunteers  Event#	Amount
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum T Required	\$80.29
Last Name of Worker/Consultant  First  Ch, Stopher  MI  Date of Payment  8/1//4	Method of Payment:
Maple Are Discourd Liguor	Ta: 0.1
Street Address 871 Maple Ave Rout Houtford	State Zip Code CT 06119
Purpose of Expenditure (by code) FOOD FOOD and Beverge for Voluntees -	Amount )
Expenditure # (if applicable)  Type of Expenditure (if applicable) Itemization in Addendum T'Required	\$69,08
SUBTOTAL Section T — This Page	\$173.79

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SEEC FORM 20 Revised June 2014

## Section T. ADDITIONAL PAGE 20 of 20

NAME OF COMMITTEE	e i fice la MAG	TYPE OF REPORT	10 /1U
TOTAL AND	EV Firends PAC ization of Reimbursements to Committee W	Vorkers and Consultants	0/17
Last Name of Worker/Consultant	First	MI Date of Payment	Method of Payment: /332
tryxell	Christaphe	9/11/14	☐ Check # ☐ Debit Card
Secondary Payee CV5	y		
Street Address 150 Was	hington St. City Hastfo	vd	State Zip Code O6106
Purpose of Expenditure (by code) FOOD Description	racks for Volunteers	Event #	Amount
(if applicable)	applicable) Itemization in Addendum T Required ☐ Cooput reimbursement sought ☐ Independent ☐ Organization: •	ordinated with reimbursement sought  A O B O C O D	\$26.54
Last Name of Worker/Consultant	First Christopher	MI Date of Payment	Method of Payment:  ✓ Check # / 323  □ Debit Card
Secondary Payee Post	Office - Rocky Hill		
Street Address 32 Chu	uch St. Rock	( Hill	State Zip Code C 06067
Purpose of Expenditure (by code) POST Description	t to mail documen	Event#	Amount
(if applicable)	applicable) Itemization in Addendum T Required ☐ Cooput reimbursement sought ☐ Independent ☐ Organization: •	ordinated with reimbursement sought  A O B O C O D	#11,26
Last Name of Worker/Consultant	First Christopher	MI Date of Payment 9/14/14	Method of Payment:  DE Check #1324  □ Debit Card
Secondary Payee	art	7 7 7	
Street Address 80 Town	Line Rd City Rocky	Hill	State   Zip Code
Purpose of Expenditure (by code) FFICE Description	fice Supplies	Event #	Amount
(if applicable)	applicable) Itemization in Addendum T Required	ordinated with reimbursement sought  A O B O C O D	\$21.14
	SUBTOTAL Section	on T — This Page	\$ 58,94
		·	

SEEC FORM 20 Revised June 2014

## Section T. ADDITIONAL PAGE 21 of 21

NAME OF COMMIT	TEE			TY	PE OF REPORT		
	T. L		. C ::: W	•			
Last Name of Worker/Co	T. Itemization of Re	First O	to Committee Wo	rkers and	Date of Payment	Method of I	Payment:
F/	yxe)	Chris	stapher	1411	9/14/14		Check # 1324 Debit Card
Secondary Payee	CVS		•				
Street Address 150	Washington 5	 },	City Hastford	l		State	7 06106
Purpose of Expenditure (by code)	Description Soul Be	reage	for Volunteer	Event #		A	mount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemize  Coordinated without reimbursement	_	_		mbursement sought  O D	\$26	, 79
Last Name of Worker/Co	onsultant	First // S	itaphe/	MI	Date of Payment		Payment: 132.5 Check #_132.5 Debit Card
Secondary Payer	Crazy Bru	ce'5	γ	•	• / /	•	
Street Address	Newington Ro	sal	City West	Halte	ord	State :	Zip Code OSIJO
Purpose of Expenditure (by code)	Description be	verave t	V Www.	Event #		A	mount
Expenditure # (if applicable)							
Last Name of Worker/Co	onsultant	First		MI	Date of Payment		Payment: Check # Debit Card
Secondary Payee							
Street Address			CHA			State	Zip Code
Purpose of Expenditure (by code)	Description			Event#		A	mount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiza  Coordinated without reimbursement		-		mbursement sought  • D		
		SU	BTOTAL Section	T — This	Page #	153,7	.8